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THE VETERINARY JOURNAL

A Monthly Review of Veterinary Science.

Editors for Great Britain and Ireland:—

FREDERICK HOBDAY, F.R.C.V.S., F.R.S.E.,
FORMERLY PROFESSOR IN THE ROYAL VETERINARY COLLEGE, LONDON.

GEO. H. WOOLDRIDGE, F.R.C.V.S., M.R.I.A.,
PROFESSOR OF HYGIENE, MATERIA MEDICA AND THERAPEUTICS IN THE ROYAL VETERINARY COLLEGE, LONDON.

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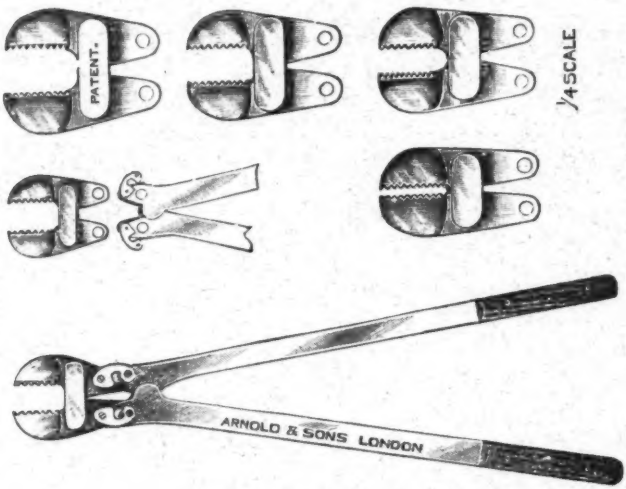

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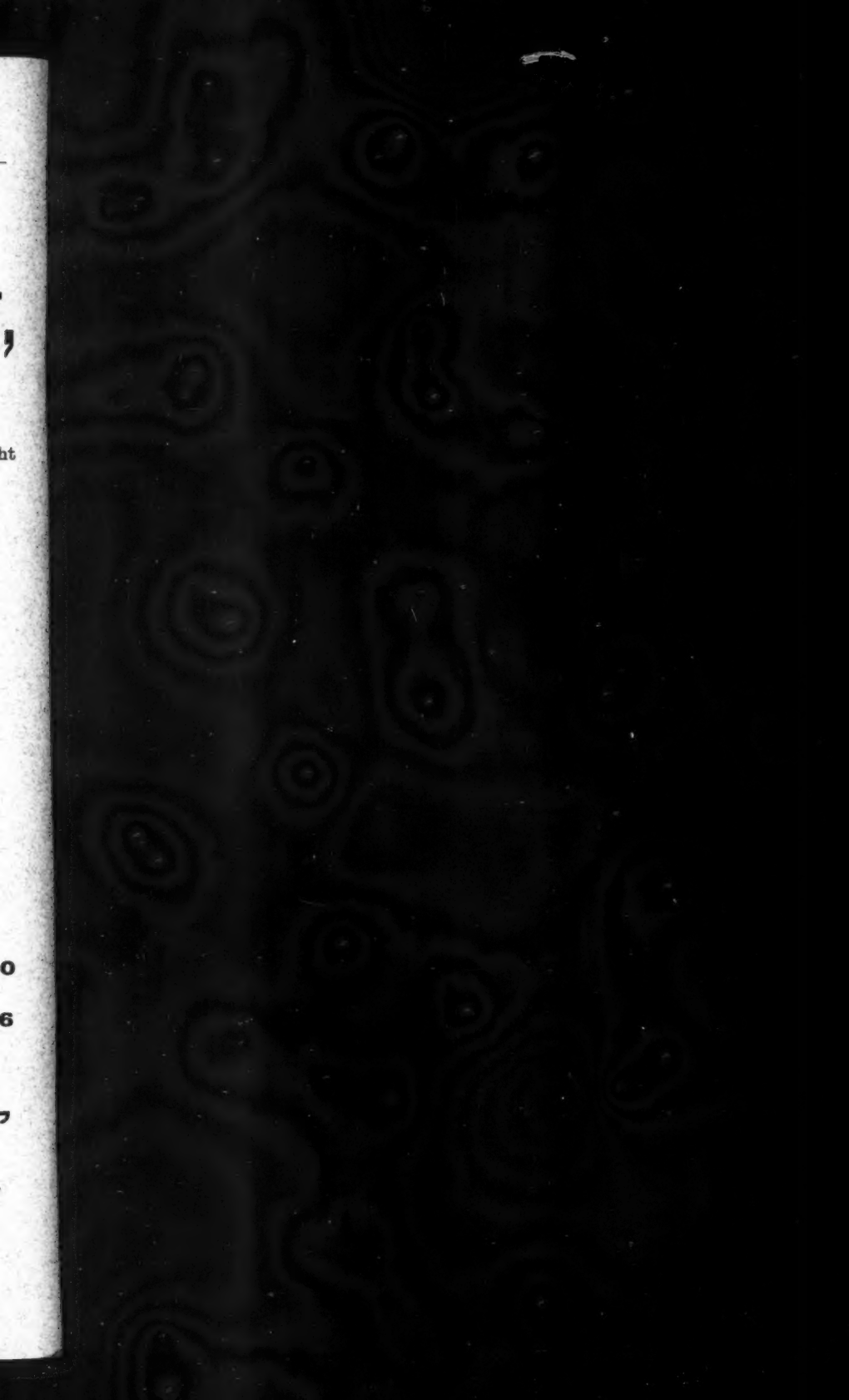

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PROFESSOR HAROLD A. WOODRUFF, M.R.C.S., L.R.C.P., M.R.C.V.S.

Professor of Pathology and Director of the Veterinary Institute,
Melbourne University, Australia.

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THE

VETERINARY JOURNAL

NOVEMBER, 1912.

PROFESSOR H. A. WOODRUFF, M.R.C.S., L.R.C.P., M.R.C.V.S.

THE University of Melbourne has appointed Professor H. A. Woodruff, of the Royal Veterinary College, London, to the position of Professor of Veterinary Pathology and Director of the Veterinary Institute of the University, rendered vacant by the resignation of one of our collaborators, Professor Gilruth.

Professor Woodruff is still a young man, having obtained his diploma of the Royal College of Veterinary Surgeons in 1898, since when he has been almost entirely engaged in academic work. He received his general education at the Wesley College, Sheffield, and while there he took the Matriculation Examination (1st division) of the London University. He at once proceeded to the Royal Veterinary College, London, to take up his professional studies, and on obtaining his diploma was appointed Tutor in Veterinary Surgery. After holding that post for a year he was appointed Professor of Veterinary Science and Bacteriology at the Royal Agricultural College, Cirencester, England's premier school of agriculture. He was not destined to remain here long, for his Alma Mater, recognizing his ability, selected him for the chair of Veterinary Hygiene, Pharmacology, and Therapeutics, and he was appointed at the London College in 1900. This position he held for eight years, during which period

he was also in charge of the out-patients' clinique. In 1908 he was examiner for the Veterinary Hygiene portion of the B.Sc. degree of the University of London, of which subject he was already a recognized teacher. In the same year he exchanged the chair of Therapeutics and Hygiene for that of Veterinary Medicine and Parasitology, which post he has held up to the present time.

Most people would have found the work of these posts as much as they could do, but with his almost inexhaustible fund of energy Professor Woodruff found time to study human medicine and surgery at the University College Hospital, London, and this year he succeeded in obtaining his M.R.C.S., L.R.C.P. His literary efforts include a small volume on "The Economics of Feeding Horses," and the revision of Finlay Dun's "Veterinary Medicines," 12th edition, in co-operation with Professor Macqueen, besides a number of papers read before various Veterinary Societies. He has also for several years acted as Editor of the *Veterinary News*.

It will thus be seen that, although his career has been very full he has added lustre to his name at every step.

Both he and the University of Melbourne are to be congratulated, and we are confident that in his new sphere he will bring additional credit to himself and the University. Melbourne has taken some of our best, and in England many of us will miss an excellent friend and colleague. Professor Woodruff takes up his new duties in the early months of the coming year, so that he will have to leave England in a few months' time for his new home, where plenty of work awaits him, and we wish him every success.

Editorials.

THE "VETERINARY OPERATIONS (ANÆSTHETICS)" BILL.

A BILL "to make further provision for the Protection of Animals from Cruelty," with such well-known supporters as Sir Frederick Banbury, Colonel Lockwood, Lord Henry Cavendish-Bentinck, Sir Reginald Pole-Carew, Mr. Walter Guinness, and others, is now before Parliament, and as the details are of vital importance to the members of our profession it is necessary that we shall give it serious consideration. Its provisions and details will be found on a subsequent page. As it now stands it is practically a "command" to us as to what operations we shall be compelled to anæsthetize for, and if it passes in its present form it will absolutely take away our freedom of judgment and our power to select our anæsthetic. It is necessary that some discretion be left to the qualified veterinary operator, for, although no one will dispute the humanity of the use of chloroform anæsthesia for operations such as are needed in the treatment of fistulous wither or quittor and the stripping of the sole. It is quite unnecessary (and indeed inadvisable) to chloroform a horse to trephine the sinuses of the head, the use of such local anæsthetics as cocaine, eucaine, urea and quinine hydrochloride, and numerous others, enabling this to be done quite painlessly and generally without even casting the patient, whilst many an eyeball can be painlessly enucleated if the cocaine is able to be properly applied.

The question of castration, too, will be much disputed, even by members of our own profession, as most of those who operate on the horse in the standing position will say that when done expertly and quickly it causes much less fright and evidence of pain than when the animal has to be cast and go through the excitement stage necessitated by the administration of chloroform.

Certainly if the beast is not really anæsthetized, but is done when in the preliminary stage of excitement, it is far preferable not to have used chloroform at all. The humanity of the process depends so much upon this, and if every veterinary patient has to be chloroformed for every operation, even if those alone in the schedule are adhered to, it will be necessary for the veterinary surgeon to protect

himself and his chances of future work by pointing out to his client beforehand the extra risks which must of necessity be taken.

Even the most expert anæsthetist will lose a patient now and again, but to compel the inexpert anæsthetist to supervise the administration of chloroform and operate at the same time is to ask too much, in the interest (and for the safety) of the patient.

Veterinarians are, as a body, universally humane men, and will welcome anything which will enable them to do away with pain; but the safety of their patient must always be the first consideration, as it is of no use either to patient or owner to perform even the cleverest operation if the animal dies whilst undergoing it.

That the use of anæsthetics is advisable and necessary we agree, but that hard and fast rules as to what shall or shall not be used for specific operations is a course which we must not allow ourselves to be bound down to. It is a matter for the Parliamentary Committee of our Council to watch very closely on our behalf.

SHOULD THE NATIONAL VETERINARY ASSOCIATION SET ASIDE A DAY FOR PRACTICAL DEMONSTRATIONS?

We make a plea for the necessity of setting aside at least one day at the meeting of the National Veterinary Association for "practical" demonstrations of surgical and other clinical work of value to the general practitioner, and we venture to say that if such a course is adopted as a matter of regular routine at each annual meeting it will meet with general approval, and do more to increase the membership than anything else. As proof of this one has only to note in our veterinary periodicals the greatly increased attendance roll at any of the society meetings where a "practical demonstration" is given, and an abstract from our estimable contemporary, *The American Veterinary Review*, of the way in which this is done at the meetings of the American Veterinary Medical Association illustrates the appreciation which it has met with on the other side of the Atlantic. For many years their "clinic" has proved itself one of the most attractive and successful portions of the proceedings, and at least one day, generally two days, has been given over to this part of the work alone. At Indianopolis this year no less than twenty-seven major operations, and a further twenty-nine minor operations and practical demonstrations of clinical methods of casting, examining mouths and

teeth, &c. (each by men who are recognized experts) were performed, so that the practitioner had a most excellent opportunity of "seeing" the actual thing; a course which instructs most men to a much more valuable extent than listening only to a lecture or reading a book.

The confidence gained after seeing a thing actually done is so much greater, and the time is now ripe for the National Veterinary Association to set aside a day for this, and to make it a permanent institution. The new scheme of affiliating the local societies with it will greatly increase the roll of membership on paper, but this alone will not increase the number of those who attend, and it must be regrettably admitted that even when the meeting is arranged in a convenient centre the proportion of attending members is miserably small when one considers that there are over 3,000 names on the Register of Veterinary Surgeons.

General Articles.

VETERINARY OPERATIONS (ANÆSTHETICS) BILL.*

A Bill to make further provision for the Protection of Animals from Cruelty.

(*Ordered to be brought in by Mr. Walter Guinness, Dr. Addison, Mr. Baird, Sir Frederick Banbury, Lord Henry Cavendish-Bentinck, Mr. Butcher, Sir Reginald Pole-Carew, Mr. Greene, Colonel Lockwood, Mr. Mills, and Sir Charles Rose.*)

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Offences.

1.—(1) If any person shall subject or cause or procure, or being the owner permit to be subjected an animal to an operation contrary to the regulations contained in this section, he shall be guilty of an offence under this Act.

(2)—(*a*) A horse shall not be subjected to any operation

* Ordered to be printed by the House of Commons, July 23, 1912.

specified in the First Schedule to this Act, and a dog shall not be subjected to any operation specified in the Second Schedule to this Act, unless the animal during the whole of the operation is under the influence of some general anæsthetic of sufficient power to prevent the animal feeling pain.

(*b*) A horse shall not be subjected to any operation specified in the Third Schedule to this Act unless during the whole of the operation it is under the influence of some general anæsthetic or some local anæsthetic, being, in either case, of sufficient power to prevent the animal feeling pain.

(*c*) No bull or pig shall be subjected to an operation for castration after the age of six months, unless the operation is performed for the purpose of curing or alleviating some disease or the effect of some accident.

PENALTIES AND APPEALS.

2.—(1) Any person who is guilty of an offence under this Act shall be liable on summary conviction in respect of the first offence to a fine not exceeding *five pounds*, and in respect of any second or subsequent offence to a fine not exceeding *twenty-five pounds*, or alternatively, or in addition thereto, to be imprisoned with or without hard labour for any term not exceeding three months.

(2) An appeal shall lie from any conviction or order by a court of summary jurisdiction under this Act to quarter sessions.

POWERS OF BOARD OF AGRICULTURE AND FISHERIES.

3.—(1) The Board of Agriculture and Fisheries may, by order made subject to the provisions of this section, add any other operation to the operations specified in any schedule to this Act, and any operation so added shall be deemed to be an operation specified in that schedule, and the Board of Agriculture and Fisheries may also by order made as aforesaid extend any provision of this Act to any domestic animal to which it does not at the time apply, with such modifications or additions as may appear to that Board to be necessary.

(2) The draft of any such order shall be published for a period of two months before the order is made, and the Board of Agriculture and Fisheries during that period shall receive and consider any representations made to them with respect to the

order by any persons appearing to them to be interested in the subject of the order.

(3) The order, when made, shall forthwith be laid before Parliament, and shall not take effect until it has so lain for thirty days before each House of Parliament, being days upon which that House has sat, and if a resolution is passed by either House before the expiration of such days declaring that the order be annulled the order shall not take effect, but if no such resolution is passed the order shall take effect on such day after the expiration of the last day on which any such resolution might have been passed as the Board of Agriculture and Fisheries may appoint.

DEFINITIONS.

4.—In this Act, except the context otherwise requires, the expression "dog" includes any bitch, sapling, or puppy, and the expression "pig" includes any boar or hog.

SHORT TITLE.

5.—This Act may be cited as the Veterinary Operations (Anæsthetics) Act, 1912.

SCHEDULES.

First Schedule.

Castration;
Extraction of molar teeth;
Trepanning;
Operation for quittor;
Operation for stripping the sole;
Operation for poll evil;
Operation for fistulous withers;
Enucleation of the eyeball.

Second Schedule.

Castration;
Ovariotomy.

Third Schedule.

Line firing;
Unnerving;
Removal of Membrana Nictitans.

NAVEL ILL AND JOINT ILL IN NEWLY-BORN ANIMALS.*

THIS disease is met with, under such local names as Big Joint, Joint Evil, and Schooley, in most parts of the British Isles.

Cause.—The disease is caused by the entrance into the system of the newly-born animal, through its unclosed navel, of germs which may give rise to the formation of pus or matter. It is possible, however, that germs which are not pus-forming, but which may cause serious illness in animals, may also enter the system by the navel wound. These germs are widely distributed in nature, but are found in greater numbers and probably in a more virulent form on those spots frequently soiled by animals, such as farmyards, lambing yards, &c., than in the fields. For this reason permanent foaling and calving boxes and lambing sheds or sites for temporary yards used frequently are more dangerous places than the pastures.

Symptoms.—Affected animals are noticed a few days after birth to be moving stiffly and to be disinclined to walk or suck. They lie down continually, and with difficulty are got on to their legs. Their joints begin to swell, and often it is apparent that abscesses have formed—the hock, stifle, point of the shoulder and knee being the joints usually affected. In the worst cases abscesses form in different parts of the body (particularly the kidney and liver), and the animal dies from exhaustion or from the poisons produced by the germs of the disease. Other germs which do not necessarily cause Joint Ill may give rise to blood-poisoning, and kill the animals more quickly, with symptoms of brain trouble and diarrhœa.

Prevention.—Every outbreak on a farm may add to the number of these germs, and so increase the probability of future attacks. On the other hand, if outbreaks are prevented, the germs become fewer in number.

Efforts must be made to prevent the occurrence of cases on a farm by preventing the germs from gaining access to the navels of newly-born animals, and to the system through the imperfectly closed navel. In foals and calves this object is best attained by ligaturing the umbilical cord (navel string) immediately after birth with a piece of strong string which has been soaked in a 5 per cent. solution of carbolic acid in water, or in any equally effective disinfectant, and by applying a disinfectant to the navel in the form of an ointment or in solution.

* A revised form of Leaflet No. 130 of the Board of Agriculture and Fisheries.

If an affected animal is housed in a building, the final disinfection of the building and the litter after its removal must be very thorough.

As this disease more often assumes epizootic characters among lambs than among foals and calves, the preventive measures to be adopted to safeguard lambs are given in greater detail.

(1) A site for lambing the ewes must be chosen as free from infective material as possible, and there is no doubt, other things being equal, that ewes lambing in the fields rear a greater number of lambs than those in temporary or permanent lambing yards. Shelter, if necessary, can be provided by strawed hurdles set up about the fields in the form of a cross, or arranged to break the prevailing winds. The lambing field should, if possible, be changed each year.

(2) The system in vogue in some counties of passing the whole flock of ewes, if a big one, through one lambing yard cannot be too severely condemned. A large flock should be split into as many divisions as convenience will allow; it is then possible to confine disease to the divisions in which it occurs. If the lambing yard system is adopted it is imperative that a fresh site should be chosen each year.

(3) All dead lambs and the membranes in which they are born should be buried promptly. Straw on hurdles and for bedding should be renewed occasionally, and hurdles should be lime-washed. Manure and straw from hurdles should be placed in a heap and burned, and should never go on to sheep pastures. At the end of the season the site of the yard should be sprinkled with lime and the hurdles should be lime-washed.

(4) Care should be taken that the shepherd does not carry disease from ewe to lamb or from lamb to lamb. A shepherd's hands must be continually and scrupulously cleansed with soap and water. They must also be disinfected, nails being kept short and scrubbed with a nail-brush. His clothes should be covered with a lambing coat, which should be frequently washed and disinfected. Dead ewes or lambs should not be skinned by the shepherd.

(5) A little disinfectant should be applied to the navel of each lamb immediately after birth. Stockholm tar has been found useful for this purpose.

(6) A ewe which has given birth to a dead lamb should not be allowed to run with the healthy ewes and lambs. If a ewe loses her

lamb from this disease it is not safe to "mother" a fresh lamb on to her, as this lamb often becomes attacked. The expedient of putting the skin of a ewe's dead lamb on another to be adopted by her should on no account be resorted to.

(7) Ewes which have lost their lambs should be carefully watched, as it is possible that germs from the lamb may have found their way into her teats and produced inflammation of the udder, which, if it does not kill the ewe, will probably prevent the gland secreting milk in the future, and so render her unfit to breed again.

(8) The site of the lambing yard in which diseased lambs became infected should be immediately changed and the hurdles re-strawed and disinfected. If an infected field is believed to be responsible, the sheep should be moved on to fresh ground. In this way it is possible to avert a serious outbreak.

Treatment.—The disease in foals and calves should be treated by a veterinary surgeon, for the animal's life and future usefulness often depend on careful nursing and skilful administration of drugs, while surgical knowledge is indispensable when it is necessary to open deep-seated abscesses.

When the disease appears in lambs the advice of a veterinary surgeon should be sought as regards treatment of the affected animals, prevention of spread of the disease in the flock, and means to avoid unnecessarily soiling the farm.

If the smallness of the flock or distance from a veterinary surgeon renders veterinary advice out of the question, the following measures should be adopted :—

The affected lambs, with their mothers, should be isolated on a spot not likely to be used for sheep for some time. If only a few lambs are attacked it will be found cheaper to kill them and dry off the ewes, as only a small percentage of survivors grow into sheep which show a profit. If a large number are attacked, it is then worth while employing a man to nurse them who does not go near the healthy flock. The symptoms should be treated as they arise. Superficial abscesses should be opened with a sharp knife and then washed with a disinfectant. The evacuated matter should always be disinfected. The udders of the ewes should be carefully examined, for the lambs sometimes infect them. Bottle feeding will be necessary for the worst cases, and care must be taken that a lamb does not lie always on one side, as the limbs of that side are likely to waste or become paralysed.

"CRIB-BITING" AND "WIND-SUCKING."*

By Lieutenant-Colonel J. MOORE, P.V.O. Irish Command.

It is unnecessary for me to explain what these two forms of vice are. It will suffice to say that the terms "crib-biting" and "wind-sucking" are practically analogous. Both might be included under the term "wind-sucking" and be grouped into three classes according to manifestation, viz. :

(*a*) Wind-sucking where the animal catches hold of the crib or manger or other article with its teeth (true "crib-biting").

(*b*) Wind-sucking by laying the chin on the manger.

(*c*) Wind-sucking pure and simple, without any of the complemental expedients mentioned in (*a*) and (*b*).

It seems extraordinary that we should meet with so much of it in the Army at home. I am convinced that it is more prevalent in Army horses of the United Kingdom than in horses in civil life. It is proportionately more common at home than in our Army in South Africa, and very much more so than in our Army in India, where in British Service units with a total average strength of over 20,000 horses, only one case has been recorded from 1908 to 1911. We do not appear to meet with it amongst mules of our Army abroad, and I cannot call to mind a case in that animal, nor in the ass.

This variation of incidence in respect to different countries rather foreshadows some particular cause or circumstance under which it is contracted, and it is the cause or circumstance which I especially wish to probe this evening.

In the Irish Command, out of a total strength of about 4,500 horses, 31 horses were cast for this vice during last official year ending 31 March, 1912, and we have a record of 135 serving subjects of it.

Some time ago I instituted inquiries to determine the reason of its prevalence in such numbers, and I have had excellent opinions and have received great help from the officers serving under me towards elucidating the cause. I shall be very pleased to gain further enlightenment from you, and the benefit of your experience will be much appreciated. I may say that I have already elicited the interest of Prof. Mettam, Prof. O'Connor and Prof. Craig in the matter, and have shown them some fair specimens of wind-suckers of different types.

* Read before the Veterinary Medical Association of Ireland.

For purposes of discussion, I propose to place the subject before you under the following headings, dilating on each as I go along: (*a*) Cause of the vice; (*b*) if indigestion is a cause or result; (*c*) if heredity plays any part in cause; (*d*) if wind is swallowed or not; (*e*) to what extent one animal learns it from another; (*f*) what relation stable noises bear to it; (*g*) what can be done to prevent or minimize it: (*h*) if more frequent feeding, or a different system of feeding will prevent or minimize it; (*i*) what stable devices can be adopted to check it; (*j*) any information gained from your experience of it.

Cause of the vice.—Here is the *crux* of the whole matter. Opinion as to the real cause is very indefinite and varied. If ideas of cause were more certain, we should be better able to defeat the vice, and in this connection it must be remembered that in the Army at least it is much more important to prevent the occurrence of disease and disability than to remedy what has occurred.

There can be no doubt that *idleness* greatly predisposes to the habit, and to this the greater number of cases in Army horses over horses in civil life may be rightly attributed. During the winter Army horses have little work to perform; at other times of the year training and work are chiefly done in the morning. There is therefore a long period of the twenty-four hours of the day passed in the stable. A daily diet of 10 lb. of grain and 12 lb. of hay, and particularly the manger diet consisting of grain and perhaps a very little chaffed hay, is soon consumed. Tied up by the head against a blank wall, the rest of the time is to the majority of animals monotony and boredom, and

"Satan finds some mischief still for idle hands to do."

More or less intimately associated with the vice in the stable is the crib or manger, which must not pass without consideration. It is popularly believed that in moments of idleness, mischief, or during grooming, especially in young horses, the manger is played with or bitten, and that the seeds of crib-biting and wind-sucking are thus sown. But I need not tell you that the manger or other article to catch hold of is not an indispensable factor in the cause, or that it is essential in the *rôle* of a wind-sucker to be first a crib-biter. The purpose of the manger is to make the act easier. In Army stables at home the manger is 3 ft. 7 in. from the floor, and the height is most convenient for the act.

It is instructive to note that in India where the vice is much less

common the mangers are of mud, and they are usually lower than in this country. A factor of actual crib-biting is therefore removed. Added to this the stables in India are open and bright, horses see more of and have more intercourse with each other, the dulness of "the long, long Indian day" being thus to a great extent relieved.

It is usual to find more wind-suckers in units of small military stations where less work is performed than in large stations, and we have less of the vice in cavalry than in artillery. Castings for the vice have a bearing on the variance in individual stations and units to some extent, but still it is generally conceded that under circumstances of more regular work and less time spent in the stable, fewer wind-suckers are to be found.

Some of my officers have sent me notable instances of idleness as a cause, and I cannot do better than quote them :—

Captain Conder says: "I have myself owned two bad wind-suckers. The first, an English hunter, took to the habit whilst idle on account of lameness. I had owned the horse three months, and whilst doing his three days a fortnight regularly he showed no signs of wind-sucking. The horse could not have learned the habit from another, as he was in a box by himself. When he came into regular work again, although he occasionally wind-sucked, he would often go for several days without anyone seeing him do it. A neck strap was used in this case; it was difficult to keep in place.

"The second, a Waler pony, was the worst case I have ever seen. When I purchased it, it was in a shocking condition, and did nothing but wind-suck. I placed the bit previously mentioned (hollow bit with holes in the tube) in its mouth, and after a period of four months was able to discontinue using the bit, and duriug the time—about three months—I continued to own the pony it never again wind-sucked. The pony is now in perfect condition and doing regular work. The previous poor condition was due to improper treatment after recovery from biliary fever, aggravated by wind-sucking. The man I sold the pony to informed me that it took to wind-sucking again during the "rains," due, I think to the fact that there was no polo and the pony was idle. This pony was kept with four others, none of which developed the vice. There was no history of the pony having ever been near a wind-sucker."

Captain Hodgkins remarks: "No further proof is needed than the comparison between Army horses and a large body of industrial

horses—*e.g.*, railway companies', amongst which latter there are few cases."

Lieutenant Hogg mentions the occurrence of it amongst pit ponies thrown out of work when pits are closed down.

Concomitant with idleness, *imitation* is generally ascribed to be a cause, or at least to be a commencement of the vice, which once learnt is continued by the subject. We all know how prone some horses are to follow a lead given by one of their kind. For instance, I remember at a halt during manœuvres many years ago, the horses of a whole cavalry brigade blowing their noses ; beginning in a few horses of the Regiment to which I was attached, it was passed on to the whole brigade.

While fully acknowledging, therefore, the possibility of one animal learning the vice as a trick from another animal, and with due deference to what has been written on the matter from remote times, I cannot say that my experience of it in the Army altogether bears this out. It is not usual to find two animals affected with the vice standing side by side, I have never seen this myself. Subjects are usually widely separate in a stable. If a roll of wind-suckers is called in a unit they are usually found to come from different squadrons and troops in cavalry, and often from different stables. Indeed this rather tends to disprove the imitation theory of cause, or at least appears to show that imitation is more likely to happen through sense of hearing than by sense of sight, as is generally supposed. The sound of the peculiar grunt is most penetrating. It can even be heard through a brick wall in an adjoining stable, and it is our common experience on entering a stable to detect a wind-sucker by hearing the grunt before we see the subject.

I am not satisfied in my own mind that in idleness and imitation as causes we have got to the root of the evil. I consider that we must look further afield for the actual or principal reason.

The worst associates of the vice are, as we know, digestive disorders and poor condition, and it seems to me that if we search amongst these companions we are in a strong position to put our finger on the fundamental cause. I come therefore to the considera- of the question :—

If indigestion is a cause or a result. There is no doubt that indigestion and digestive trouble of varying degrees result from wind-sucking. Veterinary History Sheets, on which the ailments of every horse in the Army are recorded, clearly demonstrate this,

and it is the experience of civil practice. So this part of the question may be dismissed without further comment.

But can we shut our eyes to the probabilities of the other side of the picture? Digestive disorders are very prevalent both in and out of the Army—in the Army perhaps more particularly so. They are brought forcibly to our cognizance in the shape of colic, impactions, ruptures, &c., but there are minor degrees of disorder and upsets which are apt to pass unheeded, or of which little account is taken. Habitual dung eating, licking the walls in front of the mangers, eating woodwork of standings, are evidences that something is wrong, be it faulty digestion or food unsuitably or insufficiently supplied.

Let us see what assistance in this direction can be derived from Veterinary literature.

Major-General F. Smith, late Director-General, Army Veterinary Service, makes no allusion to defect of diet or digestion in his account of Wind-sucking at page 750 of his Veterinary Hygiene, and he very indefinitely concludes the subject of cause as follows: "In whatever way the vice is acquired there is only one thing of which we can be positively certain—that it is contracted as a result of idleness. Hard-worked horses seldom crib-bite. It may also prove to be hereditary."

I may however quote another and very significant paragraph from his valuable book. At page 143 he remarks:

"It is impossible to keep up vigour and condition on concentrated foods alone, a certain amount of bulk is needed by the bowels for the due performance of digestion; without it the horse becomes 'tucked up. Stewart believed it to be a common cause of wind-sucking and crib-biting."

Williams in his "Veterinary Surgery" summarily disposes of the cause as follows: "These vices *arise* from or cause *indigestion*, induce colic, tend to lower condition and to depress the vital powers." And again: "Want of work, *indigestion* and the irritation of teething are generally the *causes* of these vices."

The excellent book on Animal Management published by the War Office makes no attempt to define the cause, except to state that "horses are prone to learn these vicious habits from their neighbours."

Old-time writers perhaps attached more importance to the vice than we do at the present day, and it is interesting to hear what

Youatt says. He remarks: "The causes of crib-biting are various, and some of them beyond the control of the proprietor of the horse. It is often the result of imitation, *but is more frequently the consequence of indigestion.*" And with regard to wind-sucking he adds: "It arises from the same causes."

The opinion of Veterinary Officers in the Irish Command are partly for and partly against a digestion and dietetic theory of cause. Personally I cannot get away from a deep-rooted belief in it. It seems quite natural to suppose an origin of wind-sucking in this direction, but I regret that I am quite unable to attach any tangible proof of it. It is, at all events, a line which will bear investigation, and particularly dieting with relation to idleness and long periods spent in the stable.

In support of this view I wish to place before you certain facts met with in the Army in addition to the great frequency of digestive disorders of different kinds. The daily diet, as I have previously remarked, is 10 lb. oats, 12 lb. hay, that is 22 lb. all told; and in times of little or no work, as in winter, the grain ration is usually cut down in quantity to save for the more strenuous times of summer training. The daily amount is considerably less in bulk than what animals in civil life usually receive, and a question arises: "Is this daily total amount of food sufficient in bulk for the Army horse, particularly for the bigger and heavier Artillery horse, and is it possible that certain horses, to create the necessary distension of the digestive organs for proper alimentation, make up the deficiency by sucking in and swallowing wind." Gentlemen, I offer this for criticism. Then, again, there is very little variation of diet in the Army. It is practically oats and hay day in and day out, often without even a bit of salt to give it savour or to promote digestion. The oats, too, are usually uncrushed or unbruised, and in great part they pass out of the animal after having traversed 90 feet of intestine in the whole or apparently whole condition in which they were ingested. Furthermore, the usual system of feeding in the Army is grain in the manger, either alone or with a minimum of chaff, and long hay in the rack. The grain is liable to be much too rapidly consumed under these circumstances, errors of digestion ensue, and it is practically safe to assume that wind-sucking follows in the train.

If heredity plays a part in cause.—We have no means of determining this in the Army, but the consensus of opinion is against it. Perhaps you can throw a little enlightenment in this direction.

Lieutenant Hogg has informed me that he knows of several crib-biting stallions belonging to Scottish Border farmers, and to his knowledge, covering several years, the stock has remained free. On the other hand, Friedberger and Fröhner mention that forty-five descendants of an Anglo-Norman stallion were all crib-biters.

If wind is swallowed or not.—Most observers consider that air, more or less, is swallowed. It is curious to note that Williams, in his "Veterinary Surgery," 10th edition, is of opinion that in crib-biting gases are eructated, whilst in wind-sucking air is swallowed. I cannot quite reconcile this. Personally, I believe that air is swallowed. The repeated attacks of colic attended with flatulency and borborygmus point to this. I cannot say truly that I have observed air passing down the œsophagus, nor have I seen a wind-sucker blowing himself out to a tremendous extent, as described by Williams and others.

To what extent one animal learns it from another.—Under the heading of imitation as a cause, I have already more or less commented on this. I there remarked that while fully acknowledging the possibility of one animal learning the vice as a trick from another, my experience was not altogether in accordance with the generally accepted view that imitation plays a fundamental part. The common experience in the Army is that near neighbours are not affected, and that subjects are widely scattered in a unit. In any case there is nothing to warrant the statement mentioned by one author (Youatt) that "it is a trick said to be exceedingly contagious," nor the remark mentioned by a recent author (Major-General Smith) that "it is said the lesson may be imparted in a few minutes."

It is interesting to hear what some of my officers say in the matter. Captain Ryan, a very observant officer, remarks: "Out of a number of cases I have never known a horse acquire the habit of wind-sucking from his stable companion, although indeed most writers of to-day declare the vice to be the result of imitation. I know of one case where a bad wind-sucker has been in a stable with nine other horses for five years and no other horse has learnt it from him." And again: "There is a case here (Ballincollig) under my notice for the last seventeen months of a bad wind-sucker standing in a stable with eleven other horses, none of which have as yet learned the vice from him. Though I do not think it impossible, I think it is very improbable that horses learn it from one another, and I have noticed that when asking commanding officers

to keep their wind-suckers together, that it was a case of bringing horses from different parts of the same stable or individual horses from different stables."

Captain Conder, Cahir, says: "The popular belief that one horse learns it from another is certainly well established. I have, however, never met with any cases tending to prove this, and I do not believe that it takes place. None of the horses here given (*e.g.*, ten cases in the Brigade, R.F.A., Cahir) have been standing in the same stable."

Captain Hodgkins, Dundalk, says: "The recorded cribbers (eight in number) are well scattered through the brigade, and no two are in the same section of the battery."

Captain Nicol, in command 4th Hussars, Curragh, says: "Except in case of young horses, one troop horse seldom learns it from another."

Captain Fisher, in command 5th Dragoon Guards, says: "I do not think as much as is generally supposed, or there would be more of them."

Major McDougall, in command 5th Lancers, Dublin, says: "A small percentage of cases may be the result of seeing other horses wind-sucking."

What relation stable noises bear to it?—I have put this down as a question, as the noise in Army stables, from rattle of head-collar chains through rings or holes in iron mangers, is often considerable, and it might be conceived that noise by increasing irritability in certain animals might have a bearing on cause. The consensus of opinion is that it has no influence on the origin of it whatever.

What can be done to prevent or minimize it?

If more frequent feeding or a different system of feeding will prevent it?

What stable devices can be adopted to check it?

These headings all aim at prevention and mitigation, so I will consider them together. Speaking with particular reference to Army horses, and taking idleness as the basis of the evil, it is obvious that a system of horse management permitting fuller employment and a more open air existence is the guiding principle in prevention. Measures that would tend to bridge over the dull monotony of a long day and night spent in the stable and the miserable existence of being so long tied up to a manger and facing a blank wall, should be the first thought of the horse-master. How can this be accomplished? I mention the following:—

(1) A regular complement of work.

(2) When circumstances do not permit of or necessitate work, a proper mode of exercise to be given; not the half-hour or one-hour walk to take the stiffness out of the animals' legs, but a rational system of exercise admitting of a reasonable time spent in the open air, and carried out twice daily whenever possible.

(3) A system of "liberty" in times when little or no work is required of animals. This is done by certain units of cavalry and artillery in the Irish Command during the winter. A portion of a troop stable is railed off, peat moss is laid down, a certain number of horses are turned loose into this enclosure, they are allowed to go rough and their shoes are taken off. Their diet is arranged for in accordance with their condition and the fact that no work is being performed, a saving in cost of feeding being usually effected. It is a procedure that has merit in it for certain horses, and it would be quite possible in many stations, by means of a series of corrals hygienically kept, to extend the system to the proximity of the stables, giving the animals the benefit of the open air. I have just looked up an old diary containing a visit in March, 1904, to a cavalry barracks in the United States, and I find I make the following remark, which shows what expedients in horse-management other people adopt: "Between each block of stabling there is an open space where horses can be tied up to a strong wire rope placed about six feet from the ground. They are not heel shackled, and learn not to kick each other. Or they can be turned loose. In my opinion this is a good plan. Only exercise is done in winter." Weather and circumstances permitting we might do likewise in our Army. I am sure if the horse's opinion was taken he would say it was a consummation most devoutly to be wished.

With regard to animals affected with the vice the usual procedure is to cast them, or to place them apart from other animals, for which latter purpose a specially constructed stall in each modern troop stable is now arranged for. It is, however, not desirable that they should be retained in army service at all. By early casting and sale, imitation by other animals and the disability which inevitably arises from loss of condition, colic, &c., is avoided. They usually bring a very good price in the market, as they do well in private ownership.

Should the exigencies of army service not permit of their dismissal, or if for any reason they are retained, they should be collected, and form a coterie of their kind apart from other animals.

They should be placed in loose boxes or in a stable by themselves. Loose boxes should have bare walls, no mangers or anything for a crib-biter to make use of, and feeding should be from the ground. However, loose boxes are not ordinary provisions of troop stables, and it remains therefore to make use of a stalled stable. Subjects are turned round in the stalls, they are tied up by means of short head-collar chains to sliding rings on the heel posts. The chains must be adjusted to prevent the animal from catching hold of anything with his teeth. Feeding is from a slung blanket. This measure is only of real benefit in the case of crib-biters. With wind-suckers pure and simple it is of no avail.

There are numerous patent inventions, but their cost usually precludes their general use in army service. Moreover, what is suitable in one case is often of no use in another. For instance, a muzzle with two parallel iron bars front to back through which the animal can feed is effective in the case of a crib-biter that catches hold of the manger with his teeth, but is of no use for a wind-sucker that lays his chin on the manger, or one that is solely a wind-sucker. Then, again, a broad strap fitting tightly round the top of the neck with a projecting plate at the gullet prevents both forms of the vice as long as discomfort to the animal is sufficient. A special hollow bit with holes in the tube will prevent the swallowing of air, and from inability to close the mouth and thus exert proper suction the animal will sometimes, at least for a time, give up the attempt at wind-sucking.

When all is said and done, the fact remains that once a wind-sucker always a wind-sucker. The habit once contracted is never forgotten ; it is incurable. It may be counteracted for a time, but it recurs. Even turning out to grass proves only a respite or of no absolute good.

And now I come back to the possible alimentary causes of the vice, and a consideration of prevention from that standpoint. If there is no connection, nothing more remains to be said, but it is the common experience that digestive disorders, poor condition and wind-sucking are so intimately associated in practice that we must look to like means in each for avoidance or prevention. It really resolves itself into a matter of diet and dieting.

Under the heading of cause I indicated the manner in which digestive and dietetic causes were possible, and it remains therefore for me to state my case for prevention.

Be the horse-master private or Government, I think it is extremely necessary he should in the first place keep a careful watch on the total daily bulk of food his horses are getting. In times of saving it may be possible to cut down the amount for the majority of animals, but the individual idiosyncrasies of others will not admit of it with impunity. It is, for instance, quite common in horse-management to hear such remarks as these : "Oh, that horse wants a lot of food," or "this horse will get fat on nothing." Any tucked-up appearance or lightness of belly should therefore be looked upon as a danger signal of trouble, and guarded against.

To avoid the quickly induced digestive trouble liable to arise from a rapid consumption of a solid, or more or less solid grain ration, an admixture of a considerable amount of chaffed hay with the grain ration is advisable. It is largely followed in industrial horse companies ; it is correct in principle, and it proves a saving in material. I am glad to say it is a practice that is finding favour in army horse-management, and I trust that with better facilities for chaffing and larger mangers to hold the mixture it will become the usual method of feeding. I am certain that if at least 8 lb. of the hay ration was chaffed and mixed with the grain ration, and the balance of the hay given loose, there would be an improvement in condition and less dietetic disease. The practice would entail an increase in the number of times of feeding per day ; but here also is advantage, as it approximates Nature's rule of little and often, as the small stomach of the horse indicates.

Also, I do not agree with the principle of sticking so closely to one kind of grain, such as oats, in feeding. I think much better value is got out of a mixture of several grains, and certainly ringing the changes whenever circumstances of season, work, or cost permit or necessitate, is advantageous and health promoting.

Furthermore, I think grains should as a rule be bruised or crushed. It is even more necessary that this should be done when they are fed as an admixture diet with chaffed hay than otherwise.

Lastly, all horses should receive a ration of salt. I do not mean rock salt in the manger, but a regular ration of say half an ounce per day. This is the usual custom in India.

Clinical Articles.

AN ENORMOUS TUMOUR OF THE KIDNEY OF A MARE.

By S. J. HEWITT, M.R.C.V.S.
Warrington.

THE patient, a pedigree hackney mare, about ten years old, was observed by the owner to be dull and off her food for some three days, at the end of which time she had abdominal pain, which necessitated veterinary advice. For some weeks she had been in bad condition and was becoming emaciated, getting easily tired at her work. She became worse rapidly, and when I got there I saw that she was dying ; in fact she died within an hour of my arrival.

A *post-mortem* examination revealed the presence of an enormous tumour under the right side of the loins, involving, and indeed completely surrounding, the kidney. Upon removal this weighed exactly 106 lb. I sent the specimen to Dr. Annett, of the Pathological Department of the Veterinary School at Liverpool University, and this gentleman informed me that it was a neuro-sarcoma, a condition which is somewhat rare, and makes the case worth recording.

THE VALUE OF INFUNDIBULAR EXTRACT FOR INERTIA OF THE UTERUS AND DYSTOCIA.

By JAMES PEDDIE, F.R.C.V.S.
Dundee.

THE pituitary body or gland, as is well known, is situated at the base of the brain, and consists of two portions, the body or gland proper, and the stalk-shaped upper or infundibular portion. The two parts of the gland differ both histologically and embryologically. The main portion of the pituitary body is glandular while the infundibular portion is neuroid in character. Although much interesting work in connection with the physiological aspect of the pituitary body has been done I think we have still a great deal to learn with regard to its true functions and influence on the body metabolism. There seems to be a close connection between the pituitary body and thyroid gland, and probably the suprarenal bodies. In support of this it has been found that when the pituitary body has been removed the symptoms supervening are nearly analogous to those following extirpation of the thyroid body. It

would appear from experiments which have been made, that an extract prepared from the main portion of the pituitary body has a lowering effect on blood-pressure, and that the blood-pressure raising and oxytocic properties are entirely confined to the infundibular portion.

The purpose of this short article is simply to place on record my experience with this organic preparation in veterinary practice, an experience which has been entirely confined to the smaller animals, *viz.*, dogs and cats. In doing so I may state that the preparations I have used are "Pituitrin," prepared by Messrs. Parke, Davis and Co., and which is a solution containing the active principles of the infundibular portion of the pituitary body, 1 c.c. of which represents 2 dg. of moist infundibular body. This is put out in ampoules containing 0·5 or 1 c.c. I have also used "Vaperole" Pituitary (Infundibular) Extract, prepared by Burroughs, Wellcome and Co., and put out in small bulbs which also contain 1 c.c. of extract. In cases of inertia of the uterus, which those engaged in canine practice frequently encounter (especially in bull bitches) I have found no drug to equal infundibular extract. The dose I have given has been 1 c.c. to full-sized bitches injected intramuscularly. In twenty minutes to one hour it produces marked contraction of the uterus and I feel certain that anyone who tries it will find it of the greatest service in such cases. I have been using it now for more than a year and I have not yet observed any bad effects from its administration. I have sometimes thought that it produces some irritation at the seat of infection, but on this point I am not quite certain. It will also be observed that its administration is frequently followed in dogs by evacuation of the bowels and considerable diuresis. I have never given less than 0.5 c.c. to small dogs, such as Scotch terriers and Yorkshire terriers, and so far as I could judge they have tolerated such doses quite well. During the past week I was asked to see a valuable Persian cat which had passed through a rather protracted parturition and which on examination I found to be in a state of partial collapse, with pulse barely perceptible. The kittens had all been expelled, but the uterus had not contracted and there had been pretty severe bleeding.

Injected 6 mm. of infundibular extract and gave a little brandy and ordered it to be repeated. Next day the improvement in the animal's condition was most marked. A further injection of the extract 0·5 c.c. was given and the case made a perfect recovery.

This brings me to deal with another equally important use of infundibular extract, *viz.*, in cases of shock following severe injuries and major operations. Here, again, I have no hesitation in stating that this drug is of the greatest value. In former years enteroclysis was carried out in such conditions, adding to the normal saline solution at 110° F. moderate doses of brandy, but now in pituitary extract we have an agent at hand which in such conditions can be easily administered and one which not only acts quickly but so far as my experience leads me to judge maintains its action for a very considerable period.

I trust this short article may prove interesting to those engaged in canine practice and that other practitioners may find the drug useful in the conditions I have indicated.

LUMBAR PARALYSIS AFTER CALVING.

By G. MAYALL, M.R.C.V.S.
Bolton.

On September 16 I was called to a 4-year-old shorthorn cow that was down in her stall and unable to get up. She had calved three days previously. I found her restless and excited, respirations 35 per minute, pulse 80, temperature 105° F. The animal on attempting to rise could only get up on her fore legs. I gave a fever drench combined with a sedative and left three doses of the same medicine, clothed her warmly, had a good straw bed put under her, and rubbed her spine, in the loin and croup region, with strong liniment. On September 17 the cow's temperature was down to 103° F., but the respirations were 40 per minute, and the patient still unable to rise. I injected the udder with chinosol and air and stimulated the back again. On September 19 I found the general state little improved, the breathing remaining very much quickened. Gave a draught of ammon. carb. and belladonna and left three doses of the same medicine. Stimulated the chest and loins with liquid mustard. The attendant, a careful and painstaking one, informed me the cow all along had dunged and urinated well, and that on September 18 she stood up for a few seconds, but immediately went down again. On September 21 we had another good try to make the patient rise, but she could again only get up on her fore feet. Having been down five days I was getting a little bit doubtful of ultimate recovery,

but did not lose hope altogether as the cow during the last three days had eaten and drunk a little. As a last resort I blistered the loins and both hocks with cantharides ointment, gave a dose of ammon. carb. and nux vomica (in cattle practice and near parturition I always prefer tincture or glycerol of nux vomica to the powdered drug) as the breathing was better and the temperature down to 101⅜° F. Left three doses of the preceding medicine. On the following day, rather to my surprise and the gratification of the owner, the cow got up, commenced to chew her cud, and from that day has done well. I think it is worth noting that blistering the hocks, which latterly became somewhat bruised, seemed to have a good effect in causing this cow to rise. Here stimulating the spine alone did not seem to help the subject much, and it was only after blistering her hocks that she got up. A German veterinary surgeon, Horst-Tempel, foments the hocks of cows suffering from post-partum paralysis with Burrow's solution and envelops the hock joints with bandages, and asserts that he has had excellent results (see VETERINARY JOURNAL for 1911, p. 232).

AN INTERESTING FRACTURE OF THE TIBIA OF A MARE.

BY W. LOTHIAN, M.R.C.V.S.
Duns.

I SAW this mare first on June 5, when she was very lame. There was no visible mark of a kick, but it was swollen on the inside of the leg. She was brought in from grass with difficulty, and was in a loose box when I saw her. Strongly suspecting a fracture without displacement, I said I would look in next day and bring slings. The mare was down next day, and I thought it would be displaced in getting up. However she got up, and was just the same; no further injury from the lying down. We got her into the stable and put her into slings. She stood five or six weeks, during which time she made little progress, and after that she commenced to put a certain amount of weight on the leg and could be moved backwards and forwards in the stall. We then had her taken out of the stable and walked a short distance each day,

and put into slings again. At this time it was noticed there was a certain abnormal movement in the bone. After death this was proved to be the lower free end of the fractured bone moving forward when the weight was put on the leg. The mare was afterwards put out to grass, and though still lame was quite able to move about and gather her food. It was quite evident that the mare's usefulness was over, and we decided to put her down, which was done a week ago. I think you will see from the photograph it is rather uncommon. The fracture involves the

Photograph of the fractured tibia involving the articular surface. The fibrous union has disappeared on boiling.

joint, and consists of anterior tuberosity for 6 in. or so down the bone, and embraces nearly one-third of the surface of the joint, and gradually tapering to a point on the front of the bone. A good deal of fibrous tissue had been formed, holding the fractured part to the body of the bone. One thing that seems strange, seeing the fracture is into a joint like the stifle, is that there was not more severe and painful lameness; the joint seemed little affected, scarcely any distension with synovia, and very little swelling.

Canine and Feline Clinicals.

A CASE OF RINGWORM INFECTION IN A CHILD, TAKEN FROM A KITTEN.

By GUY SUTTON, F.R.C.V.S.,

Kensington, W.

At a meeting of the Dermatological Section of the Royal Society of Medicine, Dr. Whitfield showed horizontal and vertical sections of the skin of a kitten affected with microsporon ringworm, and also a culture grown from the hair of a child who had been infected by the kitten. The sections were stained with lithium carmine, and after stained by Gram's method and decolorized with hydrochlorate of aniline dissolved in aniline oil. The specimens showed that the fungus had the ordinary arrangement of the microsporon as regards the mosaic of spores surrounding the hair and lying within the internal rootsheath. Invasion of the hairshaft was, however, very slight, the fungus maintaining an almost purely ectothrix position. The skin, before being cut and stained, showed no characteristic bald or partially bald places, and the hair was not broken. Microscopically, it could be seen that only a very small proportion of the hairs was infected, differing in this respect very materially from the condition that obtained in the child. The culture showed a peculiar silky growth with very marked radiating striæ and absolutely no folding of the surface, thus differing from both the *Microsporon Audouini* and the *Microsporon lanosum* of the dog.

Clinically, there were some points which had led Dr. Whitfield to suspect the kitten and have it examined. The chief of these was that the disease had started in a child with a very heavy infection of the glabrous skin in the form of large rings, this of course, being quite unlike the course of events in the ordinary microsporon infection.—*Proceedings of the Royal Society of Medicine.*

THE TRANSMISSION OF SARCOPTIC MANGE OF THE DOG TO MAN.

By A. WHITFIELD, M.D., F.R.C.P.,
Harley Street, W.,
AND
F. HOBDAY, F.R.C.V.S.,
Kensington, W.

ALTHOUGH it is well known that this form of mange is transmissible from the dog to the human being, and the text-books of veterinary surgery and those on skin diseases in the human being refer to the fact, we believe that it is not generally known how frequently this accident happens.

We have now seen together seventeen cases of mange affecting the human being, and one of us (A.W.) has seen five cases in ordinary private practice. The symptoms in the human being are shortly as follows: No part of the body other than the hairy scalp remains unaffected, the whole of the trunk, arms, legs, and face being attacked. The eruption called forth by the parasite is essentially vesicular in type. The individual lesion is a very small and rather thin-walled vesicle rather smaller than the ordinary eczema vesicle and surrounded by a narrow zone of hyperæmia, in fact the primitive lesion may be described as very like that of varicella, but of only about one-eighth the size. These lesions are always scattered discretely over the surface, and in no case have we seen any grouped or aggregated lesions. The scratching of the patient—for the rash is intensely pruritic—leads to the decapitation of the little vesicles, and their original site then becomes covered with either a serous or a blood scab. No burrows are found, and hence it is extremely difficult to find the actual parasite. In no instance has this been found in the human subject in our list of cases, though one of us searched with a lens and a pin for two hours in one case.

In the last case which we saw together the animals spreading the contagion were cats, and the disease in them was not very typical, but the transmitted disease in the human being was sufficiently characteristic to lead to a diagnosis in the cats, and this was confirmed by demonstrating the acarus microscopically in a crust taken from one of the cats.

Nevertheless, owing to the fact that we are unable to find

the acarus in the human, it is probably not possible to assert positively that the eruption is due to sarcoptic mange, unless one can confirm the suspicion by the fact that the person has been in contact with an infected animal. Still, for some years now we have not made an error as far as we know, and in all the five cases seen by only one of us the appearance of the rash led at once to the question as to whether the patient had been in contact with a mangey animal.

The course of the disease in the human being is said to be six weeks in the absence of treatment, but naturally we have not left a case untreated when once diagnosed. The ordinary treatment for human scabies is quite efficient, and the disease shows less tendency to relapse, probably because the acarus does not form burrows. One rather important point we may note, namely, that in one of the five patients' cases the patient had had the disease three times running at short intervals because his doctor had treated him for scabies and had not inquired about his dog, which had "eczema," and this, of course, is quite likely to occur if people are not on their guard.

TRYPAN BLUE IN THE TREATMENT OF CANINE PIROPLASMOSIS AS OCCURRING IN INDIA.

By R. BRANFORD, M.R.C.V.S.

Hissar, Punjaub, India.

Canine piroplasmosis is not a very satisfactory condition to deal with, as occurring in India.*

(1) There is considerable evidence to the effect that at least two varieties of piroplasms occur, and that one variety is resistant to trypan blue treatment.

(2) Further, there is no doubt that the native pariah dogs in many cases possess a high degree of, if not complete, immunity.

(3) There is no accounting for taste in dogs. Patients range from the bluest blooded imported animal through all stages of mongrelism down to the purest pariah ever whelped. Hence having definitely diagnosed piroplasmosis, a matter often of some difficulty,

* *Vide* Gaejer, *Journal of Tropical Veterinary Science*, vol. vi. Paton, *Bulletin de la Société de Pathologie Exotique*, 1910.

it is often still more difficult to tell whether recovery was the result of treatment or due to the animal's own natural immunity.

For a few months during last winter I happened to be in charge of the Canine Hospital of the Punjaub Veterinary College, Lahore As a routine practice there the blood of all patients having an irregular temperature curve, or showing any considerable elevation in temperature without obvious cause, is examined microscopically. In the blood of fourteen such cases the presence of piroplasms was detected. These cases were all treated by subcutaneous injections of 1 per cent. trypan blue in normal salt solution in doses varying from 1 to 10 c.c. per 10 lb. body weight. I may mention here that the dose of the drug injected between these limits appeared to be immaterial, if 1 c.c. per 10 lb. did not cure, 10 c.c. would not. In all cases the inside of the thigh was the seat of injection, and in no case was there any abscess formation.

One of these cases was undoubtedly complicated by another disease, and perhaps in others the parasite had increased in numbers sufficient to set up fever, owing to its host having been subjected to some undiagnosed adverse condition, resulting in a lowering of its normal powers of resistance.

In some cases, including all the cases among animals of pure bred imported strains, the clinical symptoms of canine piroplasmosis were met with. In all cases there was fever up to 106° F. The periods of high fever were of irregular duration and occurrence. In animals not cured by trypan blue the temperature never became quite normal.

In most cases, some degree of anæmia and jaundice was noticed, and in severe cases high-coloured urine, and great weakness behind, resulting in a staggering gait. Appetite, as a rule, remained good.

Piroplasms were, as a rule, sparing, but might be found at all stages of fever. A large number of the red cells, as a rule, presented deformities, and many contained "marginal points."

The only evidence I have that two varieties of piroplasms were met with consists in the different effect of trypan blue on the cases treated. In one of my cases the drug appeared to have no effect whatsoever, neither in arresting the progress of the disease nor expelling the parasite from the corpuscle.

Morphologically I could detect no difference between the parasite from the cases resistant to trypan blue and those from the other cases.

Nor could I detect any difference in the symptoms and course of the disease. I made a *post mortem* on the uncomplicated case (No. 8) which died. The main points noticed were :—

(1) The extremely anæmic condition of the carcase.

(2) The liver was enlarged, soft and friable.

(3) The spleen was abnormally large.

(4) The intestines were deeply bile stained.

(5) The stomach contained shreds of raw meat (eaten a few moments before death).

(6) The kidneys were stained a deep sky blue, and the whole of the subcutaneous tissue was deeply stained by the dye.

The following is a short summary of the 14 cases treated :—

(1) Bulldog, purity of pedigree doubtful, mild case, cured.

(2) Fox-terrier, pedigree mixed, severe case, complicated by "distemper," died.

(3) Fox-terrier, mild case, cured.

(4) Bull-terrier, pure, of imported stock, symptoms severe, cured.

(5) Spaniel, Pekinese, symptoms very severe, complicated by corneal ulcers, cured.

(6) Airedale, pedigree doubtful, mild case, cured.

(7) Dachshund, bred from imported stock, mild case, cured.

(8) Field spaniel, imported, showed all the symptoms described above, died.

(9) Setter, bred from imported stock, severe case, cured.

(10) Dachshund, bred from imported stock, symptoms severe, complicated by corneal ulcers, cured.

(11) Airedale, pedigree of doubtful purity, symptoms severe, cured.

(12) Irish terrier, bred from imported stock, symptoms severe, was very emaciated at time of treatment, cured.

(13) Irish terrier, pedigree doubtful, symptoms mild, cured.

(14) Spaniel, bred from imported stock, symptoms very severe, injection of trypan blue did not appear to have any effect on the disease or parasite, but the animal was taken away to the hills for a change of air, and I was never able to hear its after history, doubtful.

Results : 14 cases—2 died, 11 cured, 1 doubtful.

Piroplasmosis has in the past been one of the greatest canine scourges in India. There seems no doubt that trypan blue will cure many cases.

Further investigations will no doubt throw more light on the differentiation of the varieties of piroplasms existent in the country,

though as a rule the more pressing need (from an economic point of view) for the investigation of the diseases of cattle and horses leaves the few workers in India little time to devote to the dog.

INDOLENT PUSTULAR DERMATITIS IN A DOG.

By G. DUNLOP-MARTIN, M.R.C.V.S.
Westcliff-on-Sea.

This case appeared to commence as a growth of warts on the outer aspect of the left leg (hind) of a big, coarse, half-bred male fox terrier, just below the femorotibial joint. I first saw this dog on March 8, 1912, when there was a small enlargement on the outer aspect of the tibio tarsus—perhaps more correctly over the lower extremity of the tibia. There were one or two oozing points from which thin sanguineous pus could be squeezed on pressure. It was evidently painful. I opened up the sinuses and bandaged the part and used iodine preparations in some form or other right through. The lesion did not progress as I would have liked ; the lower part would heal and a fresh centre of inflammation would appear just above the old. Fear of difficulty in approximating edges of skin in that position after making the wound that would have been necessary to remove it prevented my excising it when first seen. However, about five weeks ago it had, as it were, travelled up the leg to its present position, and for the first time I found the popliteal gland enlarged and tender—the size of a large cherry. Under pot. iod. and arsenic internally and iodine dressings externally the gland subsided con siderably, and on Saturday last I decided to operate. The incision was a very long one, and necessitated twenty-two sutures of silk to close it. The wound was then dusted with tannoform and sealed with celloidin, and healed by first intention. I have never yet been able to trace a definite cause for the trouble. The dog has all along been bright and in the best of health, apparently always in good spirits. As the dog has always been with difficulty prevented from licking and worrying the part, I (as well as the general anæsthetic, H. M. C. first, followed by chloroform) injected freely *locally* a 1 per cent. quinine and urea hydrochloride solution, hoping to relieve the dog of post operative pain in so large a wound, and also of all irritation for a day or two. The piece of skin excised was sent to Professor Wooldridge, who had sections cut and

examined to see if the cause of the condition could be ascertained. He reports: "The skin of the dog is affected with a deep-seated dermatitis with tiny abscesses containing numerous cocci. I should call the condition 'pustular dermatitis.'"

CYSTIC CALCULI IN A TOY POMERANIAN DOG.

By G. DUNLOP-MARTIN, M.R.C.V.S.
Westcliff-on-Sea.

I saw the subject of this note on July 29 late in the evening. It was a Toy Pom., weight 5 lb., the property of a lady breeder. The bitch was in extremis when I saw her, and I was only able to advise destruction, to which the owner agreed.

I had diagnosed cystic calculus or tumour, but was uncertain as to which on account of the great thickening of the bladder wall. It serves as another instance of what serious conditions may be present

Bladder of Toy Pomeranian showing three large pyramidal calculi *in situ*.

all unsuspected by the owner. The history supplied is briefly this: Bitch born December, 1908. Came into possession of present owner September, 1910. First show of blood in urine in May, 1911, when the owner sent to a veterinary quack medicine company for medicine "wh ich put her right after two doses." The bitch had one puppy in September, 1911, and again one puppy only in March, 1912.

The second show of blood in urine—when it was considerable—

was about July 15. The owner was away on holiday, and those left in charge appeared to have done nothing. The owner, on arrival home, about July 24, at once sent to the quack veterinary medicine company for the same medicine, after two doses of which there appears to have been total suppression of urine until I saw the bitch.

The owner said she never had reason to regard the bitch as delicate in any way, but the question being raised said she remembers the bitch has always required to pass urine frequently and in noticeably small quantities. She (the owner) would hardly believe her eyes on my showing her the bladder with the calculi, but *says* she will never buy quack medicines again. We shall "wait and see."

On analysis at the chemical laboratory of the Royal Veterinary College, London, the calculi were found to consist mainly of triple phosphates.

NASAL POLYPI IN A BITCH.

By G. MAYALL, M.R.C.V.S.

Bolton.

On September 16 a brindle bull bitch, "Maggie," was brought to me for examination. I found that she had some difficulty in breathing and there was a discharge from the left nostril. On elevating the head and during expiration I could see what appeared to be a small polypus in the nostril. I cleansed the nose with hydrogen peroxide solution and grasped the tumour with a small pointed artery forceps and withdrew it. There was rather profuse hæmorrhage which was allayed with renaglandin solution (Oppenheimer). The bitch was very restless and it was with difficulty her head could be controlled, whilst very little struggling with her seemed to make her weak and faint. I sent her home and told the owner I could see some more polypi, and to bring her again in a week's time. Meanwhile she had pills containing iron and arsen. iodide.

On September 24 she was brought again, and I persuaded the owner to leave her with me a few days. On September 25 I tried to snare the remaining polypi with a wire écraseur, but was unsuccessful, so used a small dressing forceps and removed two more polypi as large as peas. I checked the bleeding with sol. renaglandin and then blew some tannic acid up the nostrils with a small insect powder blower. On closing the right nasal opening the left nostril seemed quite clear and unobstructed. I lent the owner the miniature insuf-

flator and told him to blow some tannic acid up the nose every other day, and the bitch has done well.

To have given chloroform in this case would have been dangerous for two or three reasons, and the polypi although bad enough in their effect were hardly large enough to necessitate the use of a local anæsthetic; but the control of a restless dog's head when operating on nasal polypi is a matter of difficulty, especially in the bull dog breed, where the ears are small and where the tape round the muzzle is never well borne.

SEPTIC METRITIS, FOLLOWED BY RENAL ABSCESS.

By E. WALLIS HOARE, F.R.C.V.S.

Cork.

On December 26, a great Dane bitch, 6 years old, and in good condition, had a litter of fourteen pups. Four days afterwards she gave birth to a dead pup, and soon afterwards showed symptoms of illness, rigors, vomiting, loss of appetite, and a temperature of 106° F. The abdomen was tense, and there was frequent straining, and a profuse stinking vaginal discharge. Vaginal examination proved negative. Frequent uterine irrigations of peroxide of hydrogen were carried out, and in two days a deformed decomposed pup was got rid of. After this the bitch improved for a few days, but rigors again appeared, and the temperature rose to 107 °F. A dose of antistreptococcic serum was administered, and the uterine injections were diligently continued. Improvement resulted, but the uterine discharge in lesser amount continued. The uterine injections were continued for a long period, and ultimately the discharge ceased, but at irregular intervals there were recurrent attacks of rigors, and The temperature ran up to 106° F. at intervals. These fluctuations in temperature continued up to April, and the animal gradually lost condition. Towards the beginning of May it was noticed that blood was passed in clots with the urine, and emaciation was more marked. Ultimately the animal became debilitated, and showed loss of power in the left hind limb. She was destroyed with chloroform on May 21.

Autopsy.—The left kidney was greatly enlarged and resembled a tumour in appearance. On section a large abscess was found in the cortex, containing a large amount of bright green pus. The kidney weighed 10½ oz. The right kidney was also enlarged, and weighed

9 oz. and 2 dr. The uterus showed thickening of the mucosa, but no marked lesions.

I forwarded both kidneys to Professor Wooldridge, who kindly examined them and reported as follows: The right kidney of the great Dane bitch was certainly larger than normal, but beyond that nothing abnormal was noted. The abscess cavity of the left kidney contained a quantity of pale emerald-green coloured sticky pus. Microscopic examination of the pus showed a number of rather small bacilli in almost pure culture. In a subsequent report Professor Wooldridge says: "Mr. Minett, M.R.C.V.S., has been able to obtain pure cultures of the organisms from the kidney abscess on potato in a creamy-coloured smear becoming pale brown. As in the pus, the organism is a small bacillus, possibly one of the colon group, but its identity is not definitely established."

SARCOMA OF THE OMENTUM IN A SPANIEL.

By E. WALLIS HOARE, F.R.C.V.S.
Cork.

A SMALL-SIZED spaniel bitch, 6 years old, of uncertain breed, was sent from the Co. Kilkenny for treatment. The history given was that for about six months the animal lost condition, although having a good appetite, and for some time the abdomen was gradually becoming enlarged.

On examination the abdomen was much distended, and on palpation the presence of ascites was suspected, although the swelling was rather too firm for such a condition, yet it did not give the resistance which one would expect from an abdominal tumour. A trocar and cannula was inserted, but free hœmorrhage was the result. The animal was very emaciated, being almost a skeleton, except for the pendulous abdomen. Destruction was advised.

Autopsy—revealed the presence of a tumour which filled up almost the entire abdominal cavity, the viscera being pressed upwards towards the spine. The tumour was freely movable, soft in consistence, and weighed 3 lb. 7 oz. A few small white growths were found on the peritoneal surface of the diaphragm and on the spleen. The tumour was examined by Professor Wooldridge, who pronounced it to be a round-celled sarcoma of the omentum.

Abstract.

THE FORTY-NINTH MEETING OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION AT INDIANAPOLIS.*

President Brenton's Address.

Fellow Members of the American Veterinary Medical Association, Visitors, and the Ladies: In again acknowledging my appreciation of the great honour done me a year ago at Toronto, in electing me to the highest office in the gift of the profession in America, I do so with a full sense of the responsibility which goes with that honour. I wish to emphasize what was said a year ago, that the appreciation is all the greater on account of the honour coming upon the anniversary of my majority, on the threshold of my Alma Mater, in the land of my birth, and largely by the assistance of my associate residents in the land of my adoption.

Ever since the Toronto meeting I have been trying to figure out why such an honour should be bestowed upon a humble member in the ranks, as it were, and long ago I came to the conclusion that it was not from any personal worth or any accomplishment of my own, but as a compliment to the Michigan State Association, as well as a tribute to the practising veterinarians, from whose ranks a presiding officer had not been chosen for a number of years.

I have thought, too, that it might be for the purpose of getting rid of me by putting me on the shelf, as so many of the ex-presidents have dropped out of service as soon as their term of office had expired. But I want to give you a fair warning right now that something else will have to be done to prevent me from meeting my associates at each anniversary, and returning the hearty hand-clasp, and hearing the kindly expressions which make life so much worth the living. At each anniversary some familiar face will be missed, for the Grim Reaper will exact his toll, and although the ranks will be filled by others, there are those who have so endeared themselves to us that their memories should ever be kept green by some permanent memorial. The Committee on Necrology will take proper notice of those who have departed this life during the past year.

This Association is nearing its fiftieth milestone, and how best to commemorate that event has been the study of several of the members from the East, and it seems but proper the anniversary should be celebrated at the birthplace of the United States Veterinary Medical Association, now the American Veterinary Medical Association. The question now is, how can we make the meeting most memorable? One way is by increasing the

* Abstract from the report of the proceedings in the *American Veterinary Review.*

membership, which should be doubled in the next year, and that could easily be done if each one would constitute himself a committee of one and send in to the secretary at least one new name, and as many more as possible of his worthy associates. In that way we would be able to celebrate our golden anniversary with a membership of not less than 2,500. Let us all do our part, and even the officers, each, will have to get a hustle on to entertain the hordes which will be with them in 1913. The 1913 committee in their report will tell you how to do the rest.

The forty-ninth anniversary of this Association has opened so auspiciously that I am led to believe that a wise selection as to the location was made by the Executive Committee in choosing Indianapolis for 1912, it being near the centre of population and easy of access from every quarter. With what is perhaps the greatest number ever assembled on the opening day, and with a real Hoosier welcome which had been promised us by the local committee a month ago, and emphasized by the kindly and earnest words of the speaker this morning, I am sure we can already anticipate a very pleasant time and a profitable meeting. We have had a gradual increase in the number of applications during the past few years. In looking over the report of the meeting of the United States Veterinary Medical Association for 1891, the secretary's salary, which was one hundred dollars per year, was increased to two hundred dollars. The income at that time was from seven hundred and fifty to eight hundred dollars, there being less than three hundred members. Dr. Hoskins, who was secretary at that time, spent considerably more than his salary attending different meetings in the interests of the parent association. He also sent out over five thousand communications of different kinds and nine hundred and fifty notices of the meeting. Then we were satisfied if the secretary's expenses did not exceed four or five hundred dollars so that there would be a balance of two or three hundred dollars in the treasury. At the present time we have a membership of approximately fourteen hundred, and the work of our secretary had been advancing during the past year, and as proof of it just scan the programme which has been prepared with its feast of good things for your entertainment and instruction, and a consequent increase in the duties of the secretary, and I would recommend in view of the greater importance of the coming meeting that the secretary's salary be increased to a sufficient amount to allow him to employ a permanent stenographer or assistant in the work of the office so that the same can be attended to promptly. We have an income of about $6,000 with fees and dues.

The President, Dr. Huidkoper, at the time I have referred to, recommended that applicants for membership should be fixed members of their County or State Association, which is now being done, and I believe it is a wise move.

I wish now to publicly thank all the officers of this Association for the many courtesies extended, and to express my appreciation of the work done by the members of the various committees with whom my associations have been so pleasant

during the past year. The Legislative Committee came under the direction of the able and energetic Chairman, Dr. Hoskins, and has waged such a campaign at Washington in the interests of army legislation that they are still in hope that the Bill giving rank and recognition to the army veterinarian may become a law in the near future.

That Dr. Hoskins has found out to his satisfaction where the opposition to our Bill has been coming from for the past twenty years or more, and he has succeeded in smoking out the Military Department. If ever a committee's work deserved success, the Legislative Committee does this year, and recognition in some substantial manner should be given Dr. Hoskins for his unselfish work on that committee and for the time and money expended.

The Publication Committee deserve great credit for their work in getting out their reports in record-breaking time.

The special committee on college investigation have accomplished a great deal with the small amount of money appropriated, and I am very glad to state that they are ready to report a steady improvement along this line.

I do not know whether the Committee on Veterinary Anatomical Nomenclature are ready to report, as the Chairman, Dr. Sisson, is in Europe, but I believe that an appropriation will be necessary to aid them in their work for the coming year.

That serum therapy does now and will in the future play a very important part in the prevention and eradication of disease I am satisfied, and that its use with the aid of sanitary science will within a few years' time be the means of controlling many of the infectious diseases, but greater care should be exercised in the manufacture and distribution of the same.

Among some of the later serum or vaccine used, I might mention that for the treatment of distemper in dogs, which is a boon to both the owner of our most faithful friend and the veterinarian who may have the treatment in hand. You will probably hear more later regarding the treatment of same from Dr. Ferry, who succeeded in isolating the germ of that fatal malady, canine distemper.

The Phylacogen, or modified vaccine, which is being used very extensively by the medical profession in the treatment of various diseases with very satisfactory results, is being introduced into veterinary practice, and I must say that the reports from some of our associates in the treatment of pneumonia and influenza and even in infected wounds have been quite remarkable.

I am very glad to note that through the work of one of our older members that the profession in England as well as Continental Europe are awaking to the fact that something may be learned even from the Americans. I am speaking now of Brother Williams's operation for roaring, which he introduced into England and which is being practised so largely by Professor Hobday, whom many of you met in Toronto last year, and has been taken up by the profession in Italy as well as the other

countries of the Old World; and I noticed lately in some report that the Russian Government had sent some valuable stallions to Professor Hobday to be operated upon.

That the profession in England have a more friendly feeling toward the profession in this country is evidenced by the reports received from over the water, and in this connection I might mention that in a letter received only yesterday from Professor Hobday he expresses the hope that we may have a very successful meeting, and he would like very much to be with us, and he wishes me at the same time to call your attention to the International Veterinary Congress in 1914 to be held in London, and hopes that a large delegation from this Association may attend that great meeting. I sincerely hope that a good number of us may be privileged to go to London at that time.

The meetings of the American Veterinary Medical Association in the various states where they have been held, as a rule, have been productive of much good, and I have every reason to believe that the Indiana Veterinary Medical Association will have no cause to regret the great effort they have made in order to properly entertain this immense gathering, and I sincerely hope that the profession in Indiana will feel that having this meeting of the American Veterinary Medical Association within their border has benefited the profession in their state.

I know that the profession in Michigan was greatly strengthened by your meeting in 1900, and we will be glad to try and entertain you when you feel that you can again meet in the City of the Straits.

Our Association had a period when an unseemly struggle for official places, both elective and appointive, characterized our annual meeting. The getting of office for themselves or friends engaged time and thoughts of members to such an extent that the usefulness of this Association as a scientific organization became of secondary consideration to many. So obnoxious had the political methods employed become, and so great was the perversion of the time of the meeting in the scramble for office, that our Association ceased to attract new members or to hold the respect and co-operation of those who had joined for purely professional purposes.

So serious was the disruption of the legitimate work of the Association through political methods of selecting officers that this Association framed into its organic law a provision making its ex-presidents, who are no longer eligible for elective office, a permanent committee on nomination, and by resolution expressly forbid nominating speeches.

Many of the newer members have no personal knowledge of the struggles to secure important places by ambitious individuals —to the very great scandal of this scientific body—and do not realize the beneficent influence of the present plan of nomination. It is very apparent to those who have long acquaintance with Association affairs that our nominating committee has without prejudice endeavoured to serve the very best interests of the Association in its selections, and I commend a very careful study

of the excellence of this plan of selecting nominees for office to those who have become members in recent years, before they shall enter into what seems to be a growing discontent with the present method because of the agitation of a few who are ambitious and seek to control through political methods, regardless of the baleful influence of such methods. I sincerely hope that the younger membership will take counsel of their elders in this organization, that we may go on with the better and more amicable methods of selecting officers.

Before closing, I wish to pay a compliment to the ladies, who have done so much, not only to increase membership in the Association, but who have made our meetings better in many ways. I am glad to see so many of them present with us to-day.

The conclusion of President Brenton's address brought to a close the morning session, the first session of the forty-ninth annual meeting. The ladies having been present at this session, lunched with the gentlemen in the café of the German House, after which they took themselves off pleasure seeking, while the men sought out for themselves the particular one of the three sections in session that appealed to their needs or desires; as at that time First Vice-President Moore was presiding over the section on Practice of Veterinary Medicine in Room A, under the directorship of Dr. H. D. Gill; Second Vice-President Van Es was presiding over the section on Surgery, in Room B, under the directorship of Dr. W. L. Williams; and Third Vice-President Jensen was presiding over the section on Sanitary Science and Police in Room C, under the directorship of Dr. Charles H. Higgins. The section on practice had five excellent papers that were comfortably read and properly discussed; the section on surgery had three papers, and the section on sanitary science had six papers, making a total of fourteen papers that were read and intelligently discussed during a half-day session; a condition only made possible by the section system, and proved the efficiency of that system where the programme is carefully arranged and the sections properly handled. Tuesday evening offered two attractions, a reception at the Claypool Hotel and a general session in the auditorium of the German House, where the President listened to the reports of the Executive Committee, to the several officers' reports (Secretary, Treasurer and Librarian), to the report of the Committee on Diseases, and of the delegates from the state and other local associations. A surgical clinic was on each morning, beginning Wednesday, from 9 to 12, while papers were being presented to each of the sections each morning from 10 to 12, so that those who did not want to give all their morning to the clinic could attend the clinic for an hour and then attend the section they chose for the next two hours. Each afternoon, beginning Wednesday, was given to a general session, which all attended together in the auditorium. There was also a general session on Wednesday evening which all attended, at which time election of officers took place. This session lasted until eleven o'clock in the evening, and was followed by a Dutch lunch and vaudeville in the

Palm Garden of the German House. Thursday evening was devoted to the annual banquet; Friday with an all-day clinic, section work in the forenoon, and a general session in the afternoon, which was concluded by the installation of the officers for the coming year, brought to a close the most successful meeting in the history of the American Veterinary Medical Association.

The Clinic.

After the afternoon session on Surgery in Room B on Tuesday, 27th, the further work of that section was conducted at the Indiana Veterinary College in the form of a surgical clinic, which began at 9 a.m. on Wednesday, 28th, presided over by Fifth Vice-President Roberts, and under the directorship of Dr. J. W. Klotz. The amphitheatre furnished ample seating room, and with a large and small operating room, each provided with an operating table and plenty of floor room where horses could be operated upon thrown, a tremendous amount of clinical material was used to advantage. Another very helpful feature of the clinic was the lectures that were given by the operators, before, during and after an operation. Before the operation the indications for its performance, the dangers and complications to be encountered and avoided, and the probable results to be expected; during the operation the operators stopped at the various steps in the operation, explaining what had been done up to that time and what the next step would be, &c.; after the operation an explanation as to what had been finally accomplished during the several steps, all of which was extremely interesting and instructive.

Case I.—Bay gelding; malignant tumour; operator, Dr. W. L. Williams, Ithaca, N.Y. Dr. Williams explained that the subject was about 10 years old, and that for about twelve weeks it had been noted that he had had some difficulty in respiration, enough, in fact, to make an operation necessary. Besides, he could swallow neither food nor water with any degree of comfort. Examination revealed a new growth in the throat about the size of a finger, situated between the epiglottis and the tongue. The animal was destroyed, a longitudinal section of the head made, exposing the tumour and confirming the diagnosis. Dr. Williams pronounced the tumour malignant, probably carcinomatous.

Case II.—Bay mare; fistulous tract in withers; operator, Dr. W. A. Axby, Harrison, Ohio. Dr. Axby explained upon examining the case that it was a chronic condition, which had never been operated upon, but that caustic had been applied at various times. Upon further examination it was shown that the tract extended down an inch and a half behind the scapula. After laying the tracts open they were packed with gauze, with the recommendation that the parts be kept clean with an ordinary salt solution, and that bacterins be given in increasing doses every four or five days.

Case III.—Light sorrel gelding; roarer; operator, Dr. J. H. Blattenberg, Lima, Ohio. The animal was cast and put under

general anæsthesia; the throat shaved and washed, and tincture of iodine applied. Dr. Blattenberg then proceeded to perform the Williams's operation, using the Blattenberg burr. Dr. Blattenberg said he was frequently asked about stitching after the mucosa had been taken out, and said, "I do not stitch."

Case IV.—Four-months-old colt; operation for knuckling; operator, Dr. John W. Adams, Philadelphia, Pa. After an extremely interesting discourse on the condition and the indications for the operation, its probable results, choice of instruments employed, &c., the colt was secured in hobbles and laid on its side, and tenotomy performed, with result that the little animal put the foot flat on the ground on being released.

Case V.—Bay mare; roarer; operator, Dr. W. L. Williams. After an interesting talk on the operation, Dr. Williams operated on the left side, as the right side appeared to be all right, he explained. The mucosa was removed with the burr.

Case VI.—Bay stallion; scrotal hernia; operator, Dr. J. H. Blattenberg. Case explained and a talk on the condition and the operative procedures contemplated, by Dr. W. A. Axby. The horse, which had been under a general anæsthetic, revived within three minutes after ammonia had been placed to the nostrils, and walked to his stall.

Case VII.—Bay gelding; quittor; operator, Dr. W. L. Williams, who, after explaining that he had been asked only that morning to operate, and the foot was not as clean as he would like to have it, so he would have to operate under antiseptic instead of aseptic conditions, proceeded to perform the Bayer operation. In removing the horn over the lateral cartilages, it was found that the laminæ were badly diseased, and over a large area were absolutely destroyed, the coronary band was so badly diseased it had to be cut away in order to get the part clean, and the lateral cartilages had nearly all disappeared, due to necrosis. At the completion of the operation, Dr. Williams stated that the case gave promise of a fair recovery, but that the coronary band would be considerably blemished.

Case VIII.—Sorrel gelding; necrosis of ligamentum nuchæ; operator, Dr. W. A. Axby. The necrotic tissue was removed and the wound packed and sutured, and the animal released apparently suffering no discomfort.

Case IX.—Bay stallion; cryptorchid; operator, Dr. J. H. Blattenberg. The animal for this operation was placed in the centre of the floor of the amphitheatre, where the operation was performed by Dr. Blattenberg in a manner that proclaimed him a past-master at the work.

Case X.—Black mare; shortened tendon; operator, Dr. L. A. Merillat, Chicago, Ill. Dr. Merillat explained that this condition was due to inflammation of the carpal joint. The pain of synovial inflammation, or of ligamentous inflammation, had caused the joint to be held in a state of flexion, and to accommodate the new position the tendinous structure is shortened. "The operation we are going to perform to correct this condition is known as carpal tenotomy," he said. After the opera-

tion, Dr. Merillat called attention to the fact that the leg had taken a pretty normal position. "It is a better leg than the opposite one," he said, "but you will notice half an hour from now, in the stall, that the animal will find the same old position, and the application of a brace will be necessary to effect a cure."

Case XI.—Bay gelding; roarer; operator, Dr. L. A. Merillat. "Here is a horse that will probably not be cured by the operation," Dr. Merillat said, explaining that roaring in this case was due more to damage to the trachea than to the larynx. "This is more of a clinical case than a practical case. Having the horse under anæsthesia, we can observe this condition." The Williams' operation was performed.

Case XII.—Bay gelding; operation for kick wound on inner aspect of tibia; operator, Dr. W. L. Williams. The operator stated that he understood that the animal had been kicked, and that it had been followed by necrosis with a sequestration of bone imbedded in the tibia. Proceeding with the operation, Dr. Williams found a fistula running behind the tibia, there was some necrotic tissue. After the operation the wound was packed with iodoform. Dr. Williams stated that he had got to the bottom of the fistula, and consequently the case should do well.

Case XIII.—Bay gelding; nail puncture that had infected the foot; operation, resection of flexor-pedis tendon; operators, Drs. W. A. Axby and J. H. Blattenberg. Dr. Axby gave a grave prognosis, explaining that the operation should be performed earlier, before septic changes have become so far advanced. The doctor had very little hope during the operation from the advanced necrotic condition, but upon completing it stated there might be a chance. It was an excellent case for demonstration of tissue destruction from a nail puncture.

Case XIV.—Bay mare; ovariotomy; operator, Dr. H. Fulstow, Norwalk, Ohio. The doctor performed vaginal ovariotomy on a five-year-old mare, with colt, the mare being a nymphomaniac. She was high spirited and difficult to control, but the operation was finally performed satisfactorily.

Case XV.—Bay mare; ovariotomy; operator, Dr. H. Fulstow. The doctor found some difficulty to get one of the ovaries, as the mare was high-strung and the ovary was enveloped in the peritoneum. Dr. Fulstow explained that the ovaries were very cystic. This mare was also a nymphomaniac.

Case XVI.—Bay gelding; hydrocele; operator, Dr. George R. White, Nashville, Tenn. Dr. White said: "This horse was sent here for operation for scrotal hernia, but it is nothing more than an ordinary water sac, or water bag. It is one of the frequent sequelæ to castration of the horse, but it is a *very* frequent sequel to castration in the mule. The presence of a water sac after castration, however, reflects as much on the veterinarian's ability as any one operation he can do." The operation completed, the horse (which had been cast with the old Conkey casting harness, 27 years old) was released, and immediately got up and walked to his stall.

Case XVII.—Light sorrel gelding; quittor; operator, Dr. R. C. Moore, Kansas City, Mo., assisted by Dr. Geo. H. Roberts, Indianapolis, Ind. This was an exaggerated case of quittor; the operation was performed on an operating table in one of the smaller operating rooms of the college; the animal having been given two drachms of cannabis Indica in the jugular vein a short time before the operation. The operation was successfully performed and the horse seemed more comfortable after it.

Case XVIII.—Bay gelding; roarer; operator, Dr. J. N. Frost. Animal was cast upon the floor of the amphitheatre, and the Williams' method followed.

Case XIX.—Bay mule; arthritis; operator, Dr. W. J. McKinney, Brooklyn, N.Y. This operation for arthritis in the shoulder joint was done by puncturing to the condyle of the humerus. Drainage was established, and the arthritis reduced successfully.

Case XX.—Bay mule; fibroid tumour; operator, Dr. Geo. R. White. This tumour was situated above the sternum in an aged mule. Two drachms of cannabis Indica was injected into the jugular vein, and the animal placed on an operating table. Two lateral incisions were made close to the base of the tumour, the adhesions divided, and the tumour, which weighed between fifteen and twenty pounds, successfully removed, but the animal died before he could be placed on his feet, which was the only death that occurred during the entire clinic, which extended over several days.

Case XXI.—Heifer; ovariotomy; operator, Dr. John W. Jameson, Paris, Ky. The heifer was in calf; the operation was successfully performed.

Case XXII.—Heifer; ovariotomy; operator, Dr. H. M. Manly, Dayton, Ohio. This operation differed in interest from the last one only in the demonstration of the x-stitch by Dr. J. W. Klotz.

Case XXIII.—Bay gelding; handling of float; operator, Dr. C. C. Brown, Memphis, Tenn. Dr. Brown gave a demonstration on handling a float in the mouth of a horse, also in making an examination of a horse's mouth. The doctor came upon a split molar on the right side, sticking out into the mouth, which he proceeded to remove successfully with a pair of forceps—not using any speculum.

Case XXIV.—Dapple-grey gelding; roarer; operator, Dr. John W. Adams. A tracheotomy tube had been inserted in this horse's trachea about two weeks previously. Horse was cast and chloroform administered, and the roaring operation performed.

Case XXV.—Bay gelding; median neurotomy; operator, Dr. John W. Klotz, Noblesville, Ind. This operation for lameness in the knee joint was quickly and successfully performed.

Case XXVI.—Bay gelding; fistula of poll; operator, Dr. J. H. Blattenberg. This operation was performed with the horse standing on the floor of the amphitheatre, an incision being made, and drainage provided for. After the pus had been

drained out, peroxide was applied, and the wound packed with sterilized gauze and sutured.

Case XXVII.—Bay mule; hernia; operator, Dr. J. H. Blattenberg. Animal was cast on the floor of the amphitheatre; there were no adhesions, so that the operation was a simple one, and was quickly and successfully performed.

There were also a number of minor operations and procedures on horses' mouths and on small animals, without lectures, making fifty-six operations in all. And, besides, there were a number of cases that were not reached, which Dr. Klotz operated upon the following Monday. Altogether, it was the most instructive clinic that has ever been held in connection with the American Veterinary Medical Association, and we believe in connection with *any* association.

The great success of the Indianapolis meeting was due as much to the organized system of conducting its affairs as to any other one factor, and the officers of the Association and members of the local committee cannot receive too much praise for the formation of so excellent a programme as was presented, and the orderly and systematic manner in which it was carried out. The disappointment of not being able to discuss the papers, which was experienced with the large programme presented last year, was, so far as we know, entirely eliminated this year, the evening sessions on two evenings materially assisting in getting off much of the routine business.

The ladies were well entertained and share with the men the opinion that a Hoosier welcome is one of the most whole-souled and heartiest they have experienced, and one that will linger pleasantly in their memories for a long time to come.

Review.

"The American Veterinary Review."

Our contemporary is always full of interest, and this monthly issue is no exception to the rule. It is a paper which the American Veterinarian cannot possibly do without, and its circulation has done more to improve the profession and weld it together in America than anything else; it always contains something of import to English readers, and its esteemed founder, the venerable Professor Liautard, must feel proud of the success of his nursling. The October Review contains some very interesting editorials, a number of original papers on such subjects as "Hog Cholera Serum Work," by Dr. Reynolds, of the University of Minnesota; "Radial Paralysis and its Treatment by Mechanical Fixation of Knee and Ankle," by that *doyen* of successful practitioners, Dr. Berns, of New York; "The Complement Fixation Test in the Diagnosis of Contagious Abortion of Cattle," "Glanders," "Anthrax," and "Equine Distemper," whilst clinical articles and abstracts help to make up its complement to 130 pages.

Miscellaneous.

THE Departmental Committee on the Public Veterinary Services, of which Sir Alfred Hopkinson, K.C., is Chairman, held its first meetings on the 18th and 19th inst. at Winchester House, 21, St. James's Square, all the members being present. Witnesses representing the Colonial Office, India Office, the Army Veterinary Service, the Royal Veterinary College, London, and the Royal Veterinary College of Ireland, Dublin, attended and gave evidence before the Committee.

Board of Agriculture and Fisheries,
4, Whitehall Place, S.W.
October 21, 1912.

ARMY VETERINARY NOTES FROM AMERICA.

RECENTLY it was decided by War Department order that veterinarians and chaplains of cavalry and field artillery need not take the obstacle rides prescribed for officers of the mounted service. This is the second time that army veterinarians have been exempted from proficiency tests in riding, and it is greatly to be regretted that this was done on the request of some of our colleagues. We have to give instruction to officers in hippology, and are almost daily consulted on questions of conformation and capacity of horses as officers' mounts. An army veterinarian who can only teach the theories of hippology, and he who has never himself practised these theories by personal application, can only be a poor teacher and judge on these questions, and really ought not to be in the army service in mounted regiments. If we want to make for advance in the army veterinary service and become officers of an army veterinary corps, we must cease to consider ourselves qualified by just applying a little salve here, a liniment there, and occasionally a hypodermic injection, as do mere medicine men. We must become military horsemen, which the field service demands of us by its very nature. The veterinary officers of all European armies are required to be expert riders, because their position requires the knowledge and practice of skilled and fearless riders. The time is at hand when we must be in the same class.

The case of the chaplains is entirely different. No knowledge of horses is required of them, and their dignity suffers nothing by making poor figures on horseback if they accompany mounted troops. It is a pity that by the leniency of the War Department we are put in the category of chaplains in this respect.—*American Veterinary Review.*

Translations.

HARD FIBROMA AS BIG AS A MAN'S HEAD ON THE METATARSUS.

A HORSE-SLAUGHTERER'S horse was sent into the clinique for operation with a large swelling on the metatarsus involving its front and side surfaces. The outside of the hard, painless swelling was hairless, and had a rosy-red colour. At scurfy places on its exterior there were erosions where the horse had struck the swelling. The tumour was removed, and the large wound surface scarred over and drawn together by searing with an iron. On histological examination the neoplasm was found to be a fibroma durum. After-treatment consisted in antiseptic applications and bandaging with boracic acid. Later on, at intervals of three days, seven fibrolysin injections were made. As the large wound surface only healed slowly weak biniodide ointment was applied to the surface daily, and a quicker cicatrisation took place. Two months after the operation cure was complete. The right metatarsus (which was the one affected) was only a little thicker than the left, and the horse became quite workable again.—Report of Cases at the Dresden Veterinary College.

THE EFFECT OF PSYCHIC IMPRESSIONS ON THE PROGENY OF PREGNANT ANIMALS.

THE belief that strong psychic impressions on a pregnant mother exercise an effect on the unborn progeny producing some similarity in them to the offending object is old, and a firm popular belief. The possibility of it being the fault of the sire has been accepted by human doctors for ages, and at the present time it is always a subject of argument.

Science rejects the view that a monstrosity may arise without having connection with the organization of the mother or fœtus. The nervous system of the mother is without contact with the embryo, the blood of the mother does not pass direct into the fœtus, so the dam can exercise no direct influence over it. Least of all could the body form change in an advanced state of pregnancy at a time when all parts of the fœtus are developed. But it does not do to discard interesting material altogether because one cannot explain it physiologically or without referring to the fabulous. Many observations in practice have shown us that the teaching is not free from objection. A noteworthy example of a peculiar monstrosity caused by psychical impression is given by Dr. Comino. He describes the case in *Il Veterinario di Campagna* as follows:—

Before the window of a stable in which two cows two months gone in calf were stalled the bear of a strolling performer acted one day. Both cows were so terrified that they acted as if mad and raged about in the stall; they obstinately refused food, and

at the slightest sound anxiously looked round to the door of the cow-house. At the town both animals were slaughtered because they brought forth monstrosities. Both monstrosities had bear-like attributes. Both showed a very strongly developed, thick, hairy skull with a long snout, small ears, small eyes, and short bones. A cause of origin of both monstrosities was the great terror the bear had inspired in the pregnant cattle.

I had the opportunity of noting the following case: On April 5, 1911, a two-year-old cow was led to the bull and became in calf. Just after the service a dog ran past and barked at the cow. The cow was frightened by the dog, and was snuffing about and so restless that she could only be brought into the shippon with trouble. On January 12, 1912, the cow gave birth to a normally formed calf with three nostrils. The youngster developed well, and is at present in the Alps. A rich and well-educated gentleman showed me his right hand, from which all four fingers were minus from the middle joint. It appeared as if the two last bones had been cleanly amputated from all the fingers. He stated that he had been born with the deformed hand. When his mother was pregnant with him a wandering musician performed before the house. "My mother gave the poor man a piece of money. The money was taken by the recipient with his right hand, from which four fingers had been amputated at the middle."

This hand made a deep impression on his mother, and she constantly saw it before her eyes. "When I was born my mother was anxious to see me, and when she noticed the faulty hand she immediately exclaimed, 'That is the hand of the strolling musician!'"

The above examples seem to be traceable to sudden strong impressions, and were certainly not peculiar to the ancestors.—*Schweizer Archiv für Tierheilkunde.*

PROLAPSE OF THE RECTUM.—AMPUTATION OF THE EVERTED PART.—CURE.

An 8-year-old mare was brought into the clinique, having suffered for a week from prolapse of the rectum. The cause was unknown. The prolapsed part was as large as a man's head, the upper surface was blackish red, and exhaled a putrid odour. The general condition of the animal was affected, and she was feverish. The prolapsed part of the intestine was closely sutured at the anus with a tobacco-pouch suture, and the caudal mass behind it cut off. The sutured stump was easily put back into the rectum. The mare then had a straining draught of chloral hydrate given her. The after-treatment consisted in antiseptic injections of pot. permanganate. The sutures were removed in ten days, and fourteen days after the operation the mare was dischargd as cured.—From the Annual Report of Cases at the Dresden Veterinary College.

Correspondence.

THE SO-CALLED *TRYPANOSOMA RHODESIENSE*.

To the Editor of THE VETERINARY JOURNAL.

SIR,—My attention has been drawn to the recent correspondence in your Journal, in which Drs. Ross and Fantham appear somewhat perturbed lest any of the kudos appropriated by the Liverpool School of Tropical Medicine in connection with the co-called *T. rhodesiense* shall be given to others.

As my name has been brought into the controversy, I should like to state that I lay no claim to having been the first to draw attention to the exceptional virulence of the disease under natural conditions, the credit belonging, as stated by "Rhodesian," to the medical men in Northern Rhodesia who studied the first cases in the field. Nor would I dispute with Drs. Stephens and Fantham the responsibility of having proclaimed the causal trypanosome a new species; in spite of the careful study and experiments of the last three years, I consider the identity of the trypanosome is still *sub judice*.

The essential characteristic upon which they first based their diagnosis was that in certain forms of the parasite the nucleus might actually lie on the posterior side of the blepharoplast—a feature which the Luangwa Sleeping Sickness Commission has stated to be of "extremely rare occurrence," and which Wenyon has found in a strain of animal trypanosome from the Bahr-el-Ghazal, concerning which he writes, "if the Sudan trypanosome is *Trypanosoma brucei*, the value of the nuclear arrangement as a distinguishing feature of specific importance is still further lessened."

Yorke and Blacklock have also encountered similar forms in a strain of *T. equiperdum*. Of 1,000 trypanosomes drawn from a white rat, 38 had a definitely posterior position of the nucleus.

Kinghorn and Yorke claim to have found this *T. rhodesiense* in 16 per cent. of buck in Northern Rhodesia, and Colonel Sir David Bruce writes from Kasu Hill, Angoniland, Nyasaland, that he "cannot find any other long dimorphic forms (Nagana type) in the wild *G. morsitans* or in the antelope round about here except this posterior nucleated *T. rhodesiense*." It is somewhat surprising, therefore, to find in Dr. May's report on Sleeping Sickness in Northern Rhodesia to February, 1912, that "the great majority of cases of human trypanosomiasis found in, or attributable to, the Luangwa closed area have been on or close to four main routes," for tsetse and buck are not so limited. Thus, there is considerable discrepancy between theory and practice.

Certain evidence recently published points to the disease having been brought down by natives from northern sleeping

sickness areas, and, if this is correct, it is possible that some confusion has arisen between the so-called "new trypanosome," *T. gambiense* and *T. brucei*, and laboratory experiments have shown that this is quite possible.

In the circumstances the name *T. rhodesiense* is a bad one, and, as "Rhodesian" points out, is damaging to the reputation of this country. I would therefore suggest that, pending further developments, the parasite be renamed *T. stephensi*, which will, to some extent, remove the stigma from this colony, and will give Dr. Stephens the kudos his colleagues regard should be his.

As so much capital has been made out of the delay in the publication of my articles, may I suggest that, in fairness to Colonial workers, their observations should be credited from the time they are made, or, at any rate, from the date of despatch of a covering letter to the publisher, seeing that many months may be lost in the delivery of their contributions and in preparing them for publication, especially when proofs are submitted for correction—circumstances greatly in favour of home experts seeking priority. In the present instance it will be seen that much of my work on the passage of the trypanosome through the lower animals was done before W. A. had left this country for Liverpool.

It is, perhaps, merely an unfortunate coincidence that another Liverpool worker, in a report "On the Transmission of Human Trypanosome by *G. morsitans*, West; and on the occurrence of Human Trypanosomes in Game," published in the *Annals of Tropical Medicine and Parasitology*, March 29, 1912, should have written, "The animal reactions of the same strain, worked out by Bevan, 1911, Yorke, 1910."

Commenting on this, Dr. Bagshawe, Director of the Sleeping Sickness Bureau, writes: "This is an error; the date should be 1910, as the work was published some months before that of Yorke."

I am, Sir, yours faithfully,

LL. E. W. BEVAN, M.R.C.V.S.

Government Veterinary Laboratory, Salisbury (Rhodesia), *September* 18, 1912.

[Drs. Ross and Fantham, in their letter to which the above is a reply, suggested the desirability of "Rhodesian," who first wrote to us on the subject, disclosing his identity. We did not realize it at the time of publication, but the article written under the name of "Rhodesian" was an editorial in the *Rhodesia Herald*. We considered the article worthy of reproduction as affording an opportunity for discussing the matter, which is undoubtedly of enormous importance to Rhodesia.—EDS., V.J.]

Personal.

THE STEEL MEMORIAL MEDAL.

At a Meeting of the Council of the Royal College of Veterinary Surgeons, held at 10, Red Lion Square, on Friday, October 11, it was unanimously decided that the Steel Memorial Medal be awarded to Major J. G. Holmes, M.A., D.Sc., M.R.C.V.S., of the Indian Civil Veterinary Department. The medal, established to perpetuate the name of John Henry Steel, is one of the highest honours the profession can bestow, and is always awarded for original research in matters pertaining to the profession.

Professor G. H. Wooldridge has been appointed to the Chair of Veterinary Medicine at the Royal Veterinary College, London, in succession to Professor Woodruff, on the latter's appointment as Professor of Veterinary Pathology at the Melbourne University Veterinary School.

Letters and Communications, &c.

Mr. Hewitt; Mr. Peddie; Mr. Mayall; Dr. Whitfield; Mr. Lothian; Mr. R. Branford; Mr. G. Dunlop Martin; Mr. E. Wallis Hoare; Mr. L. E. W. Bevan.

Books and Periodicals, &c., Received.

The American Veterinary Review; Journal of the Royal Army Medical Corps; Recueil de Médecine Vétérinaire; L'Hygiène de la Viande et du Lait; Revue Générale de Médecine Vétérinaire; Der Tierarzt; Zeitschrift für Veterinärkunde; Berliner tierärztliche Wochenschrift; Osterreichische Wochenschrift für Tierheilkunde; La Clinica Veterinaria; Revista de Medicina Veterinaria; Board of Agriculture and Fisheries; Department of Agriculture and Technical Instruction for Ireland; Kennel Gazette; Agricultural Journals for the Union of South Africa and for Rhodesia; American Journal of Veterinary Medicine.

Note.—All communications should be addressed to 8, Henrietta Street, Covent Garden, London, W.C. Telephone, 4646 Gerrard. Telegrams, "Baillière, London."

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